

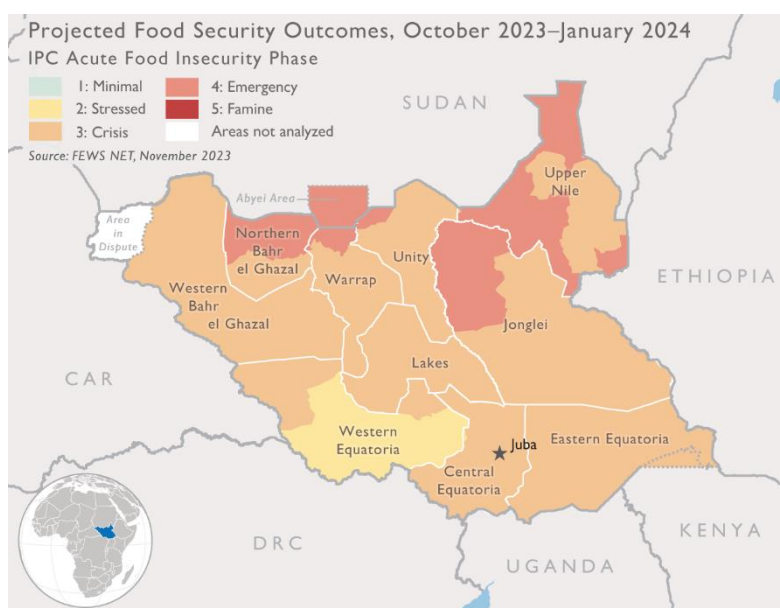
South Sudan – Complex Emergency

NOVEMBER 29, 2023

SITUATION AT A GLANCE

<p>12.4 MILLION</p> <p>Population of South Sudan</p> <p><i>UN – November 2022</i></p>	<p>9 MILLION</p> <p>Number of People in Need of Humanitarian Assistance in 2024</p> <p><i>UN – November 2023</i></p>	<p>7.1 MILLION</p> <p>Number of People Facing Acute Food Insecurity April–July 2024</p> <p><i>IPC – November 2023</i></p>	<p>2.2 MILLION</p> <p>Number of IDPs in South Sudan</p> <p><i>UN – November 2023</i></p>	<p>410,465</p> <p>Number of People Who Have Fled Sudan to South Sudan Since April 16</p> <p><i>UN – November 2023</i></p>
--	---	--	---	--

- The UN 2024 HNRP for South Sudan estimates 9 million people in the country will require humanitarian assistance in 2024, including 7.1 million people who will require food assistance.
- Armed attacks in November resulted in the deaths of two humanitarian aid workers, according to a USAID/BHA partner and the UN.
- More than 7 million people will likely experience Crisis—IPC 3—or worse conditions of acute food insecurity during the April-to-July 2024 lean season, when food is most scarce, according to a November IPC analysis.
- Seasonal May-to-November rains have hindered onward transportation assistance for new arrivals who have fled conflict in Sudan to South Sudan. USG partners continue to provide multi-sector assistance to people in transit centers and refugee camps in November.



¹ FY 2024 funding for the South Sudan Complex Emergency will be included in future products when committed/obligated. For information on the U.S. Government (USG)'s funding toward the response in FY 2023, refer to South Sudan Fact Sheet #6 released on September 30, 2023, available on the USAID website at <https://www.usaid.gov/humanitarian-assistance/where-we-work>.

KEY DEVELOPMENTS

2024 HNRP Aims to Reach 6 Million People in South Sudan

An estimated 9 million people across South Sudan—nearly 75 percent of the country’s total population—will likely require humanitarian assistance in 2024, largely due to the combined effects of widespread conflict and insecurity, the crisis in neighboring Sudan, worsening macroeconomic conditions, climatic shocks such as flooding, and severe food insecurity, according to the 2024 Humanitarian Needs and Response Plan (HNRP), released by the UN on November 28. Of those requiring assistance, the HNRP projects 7.1 million people—including refugees and internally displaced persons (IDPs)—will require emergency food assistance during the April-to-July lean season. The crisis in neighboring Sudan—which has resulted in nearly 410,500 vulnerable people requiring humanitarian assistance crossing into South Sudan between mid-April and November 27, according to the International Organization for Migration (IOM) and the Office of the UN High Commissioner for Refugees (UNHCR)—has also strained humanitarian partners’ response capabilities. Notably, more than 80,000 additional refugees, mainly from Sudan, are expected to arrive in South Sudan during 2024, the HNRP reports.

The HNRP requests \$1.8 billion to provide life-saving assistance to approximately 6 million people during 2024, with a particular emphasis on people with shock-driven needs, including those affected by climatic shocks, conflict, and disease outbreaks. Acting UN Resident and Humanitarian Coordinator (RC/HC a.i.) Marie-Helene Verney has called on the Revitalized Transitional Government of National Unity (RTGoNU) to uphold its responsibility to its citizens by providing basic services and protection for all civilians.

Attacks Result in Two Humanitarian Aid Worker Deaths in November

In early November, armed attacks resulted in the deaths of two aid workers. On November 11, unidentified perpetrators attacked and killed one off-duty aid worker near the border of Warrap and Western Bahr el Ghazal states, according to USAID/BHA partners and the UN. On November 6, unidentified perpetrators fatally attacked an aid worker providing critical health and nutrition services in the Greater Pibor Administrative Area (GPAA), according to a November 10 statement by the RC/HC. The aid worker traveled to GPAA with a team responding to a suspected measles outbreak and was reportedly on duty conducting a community visit to GPAA’s Boma town at the time of the attack. In her statement, RC/HC a.i. Verney condemned the attack and continued violence against humanitarian personnel and assets, underscoring that the compounding effects of access constraints, bureaucratic impediments, and widespread violence continue to impede humanitarian efforts countrywide. The South Sudan Nongovernmental Organization (NGO) Forum also condemned the incident in GPAA and appealed to RTGoNU authorities to conduct a thorough investigation to hold the perpetrators of the attack accountable. In response to both attacks, the U.S. Embassy in South Sudan also condemned the deaths of the two aid workers and called upon the RTGoNU to ensure the safe provision of humanitarian assistance. South Sudan remains the most dangerous country in the world for aid workers, with 142 humanitarians killed in the line of duty since 2013, according to the Humanitarian Outcomes/Aid Worker Security Report.

More Than 7 Million People Likely to Face Acute Food Insecurity During 2024 Lean Season

Projected IPC Status April 2024–July 2024	
Phase 5	79,000 people in Catastrophe
Phase 4	2,336,000 people in Emergency
Phase 3	4,684,000 people in Crisis
Phase 2	3,501,000 people in Stress
Phase 1	2,015,000 people Minimally Food Insecure

An estimated 7.1 million people across South Sudan will likely experience Crisis—IPC 3—or worse conditions of acute food insecurity during the April-to-July 2024 lean season, the period when food is most scarce, according to the most recent IPC analysis released in November.² This represents a nearly 22 percent increase compared to the estimated 5.8 million people facing Crisis or worse conditions between September and November 2023. These projections represent modest improvement compared to the 2023 lean season in which an estimated 7.8 million people likely experienced acute food insecurity. However, the number of people expected to face Catastrophe—IPC 5—levels of acute food insecurity will likely increase by nearly 84 percent from 43,000 people in 2023 to 79,000 people in 2024. Armed conflict, poor macroeconomic conditions, climatic shocks, and the regional effects of ongoing conflict in Sudan are contributing to persistent acute food insecurity across the country.

An estimated 2.5 million children ages 6–59 months and pregnant and lactating women (PLW) will likely experience acute malnutrition during 2024, representing an estimated 25 percent increase from

approximately 2 million people facing these conditions in 2023, according to the IPC analysis. This includes approximately 480,000 children likely to experience severe acute malnutrition (SAM). The remaining approximately 1.2 million children and 870,000 PLW are projected to experience moderate acute malnutrition. Relief actors attribute the projected increase in acute malnutrition to worsening security conditions and poor health and water, sanitation, and hygiene (WASH) conditions—including the consumption of unsafe drinking water—that continue to undermine efforts to improve nutrition outcomes for children and PLW. Notably, Unity State’s Rubkona County will likely experience Famine—IPC 5—levels of acute food insecurity between December 2023 and July 2024 unless reached with critical food assistance, according to the November IPC analysis; the IPC estimates that 80 percent of Rubkona’s population currently experiences acute food insecurity, including 15,400 people experiencing Catastrophe levels of acute food insecurity. As humanitarian needs continue to rise globally and constrain the availability of donor funding, donors and relief actors continue to urge the RTGoNU to prioritize the needs of the South Sudanese people by improving security and investing in improved health and WASH infrastructure, among other urgent necessities.

Rains Delay Onward Transportation and Congest Transit Sites for New Refugees and Returnees from Sudan

Heavy rains have negatively affected onward transportation assistance for new arrivals from Sudan during recent weeks, resulting in longer stays, overcrowding, and worsening humanitarian conditions at transit sites in northern South Sudan, the UN reports. Between April 16 and November 29, nearly 410,500 people arrived in South Sudan after fleeing militarized conflict in neighboring Sudan, according to the IOM and UNHCR. The transit center in Upper Nile State’s Renk County remains the center of

² The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity. IPC Phase 5 is referred to as “Catastrophe” when classifying a household and “Famine” when classifying an area. Famine conditions occur when at least 20 percent of the population in a given area face an extreme lack of food; the Global Acute Malnutrition prevalence, measured by weight-for-height z-score, exceeds 30 percent; and the mortality rate exceeds two people per 10,000 individuals per day.

the response; UNHCR recorded more than 20,000 new arrivals, including both refugees and returnees, at the center in early November, representing the highest monthly number recorded since the start of the Sudan crisis in mid-April. The rapid pace of new arrivals continues to exacerbate existing humanitarian needs across the country.

Onward transportation assistance remains the most critical response effort to alleviate overcrowding and reduce the need for food, shelter, and safe drinking water at transit centers, relief actors report. Each week, relief actors facilitate the movement of 7,000 to 10,000 people from Upper Nile State's Joda point of entry to Renk by bus, 3,100 people from Renk to Upper Nile's Malakal transition site by boat, and 2,000 people from Malakal to different locations across the country by air. However, as the May-to-November seasonal rains persist, heavy rainfall and subsequent flooding have delayed new arrivals' movements from transit centers to other areas of the country, increasing site congestion and the number of people in need of assistance while they wait. Such adverse weather conditions have also affected the road between Upper Nile's Maban and Renk counties in recent weeks, making the route impassable and preventing the safe relocation of asylum-seekers and refugees to refugee camps in Maban, according to the UN.

The demographic breakdown of new arrivals has shifted in recent weeks, with the proportion of Sudanese refugees doubling from approximately 8 percent in mid-October to nearly 16 percent in mid-November; the remaining arrivals are primarily South Sudanese returnees, the UN reports. Relief actors attribute worsening security conditions and limited access to services in parts of Sudan as the primary causes of the increase in Sudanese refugees. In addition, new arrivals continue to report difficult journeys to reach South Sudan, often experiencing extortion, harassment, intimidation, and torture along the route. Additionally, upon arrival, the rate of acute malnutrition among children five years of age and younger increased to nearly 40 percent in August from 25 percent in May before dropping to approximately 30 percent in October, according to the UN World Food Program (WFP), surpassing the UN World Health Organization (WHO) emergency threshold of 15 percent. Further, arrivals from Sudan are largely settled or intending to settle in severely food insecure areas of the Greater Upper Nile region, where local food production is low, and the local community was already struggling to meet their minimum food needs prior to the influx of arrivals from Sudan. Food security among returnees is expected to deteriorate further during the April-to-July 2024 lean season as the increase of new arrivals places additional pressure on food stocks, the IPC reports. New arrivals settling in parts of northern Jonglei, Unity, and Upper Nile states are among the most at-risk populations given the extreme deficits of crop production, low rates of livestock ownership, and scarcity of resources among communities with existing high levels of needs in these areas. USAID's Bureau for Humanitarian Assistance (USAID/BHA) and the U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM) partners continue to provide emergency support to people in transit sites and refugee camps. In Renk, State/PRM partner UNHCR provided nearly 4,100 medical consultations and provided gender-based violence (GBV) awareness sessions to an estimated 1,000 individuals between November 7 and 13. USAID/BHA partner WFP also admitted nearly 1,900 children and 1,400 PLW into malnutrition treatment in September.

KEY FIGURES



1.3 Million

People reached with
food assistance by USG
partner WFP during
September

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

USAID/BHA supports multiple UN agencies and NGOs to bolster early recovery, food security, and livelihood efforts across South Sudan.

USAID/BHA partners provide emergency food assistance—including cash

transfers for food, regionally and internationally procured commodities, and U.S. in-kind food assistance—to food-insecure households across the country. USAID/BHA continues to support WFP to sustain emergency food assistance as food needs increase in vulnerable areas of South Sudan. USAID/BHA and State/PRM NGO partners also provide agricultural inputs, fishing kits, and livelihood training to support at-risk populations. With USG support, WFP provided nearly 12,000 metric tons (MT) of in-kind food assistance and more than \$2.5 million in cash assistance to approximately 1.3 million people during September.



2.7 Million

Children ages five months to 15 years vaccinated against measles by USG partner UNICEF

HEALTH

USG partners continue to provide health support in South Sudan through community health facilities and mobile medical units (MMUs), which provide a range of maternal, mental, and primary health care services. South Sudan has the highest rate of maternal mortality in the world, and MMUs provide life-saving maternal and newborn health care services to reduce the prevalence of maternal and infant deaths. USAID/BHA also supports integrated community case management services in South Sudan, which deliver life-saving health interventions for common childhood illnesses, particularly in areas with limited access to health facility-based services.

To mitigate the effects of infectious disease outbreaks in South Sudan, USAID/BHA and State/PRM partners continue to assist in training local health care workers in infection prevention and control methods, provide support for vaccination campaigns, and strengthen community health coordination. Additionally, State/PRM supports UNHCR and NGOs to address the health care needs of refugees and refugee returnees while USAID/BHA support addresses health care needs for IDPs and other vulnerable populations. Health interventions are integrated with nutrition and WASH services wherever possible to promote a comprehensive system of clinical services.



127,000

Number of crisis-affected people receiving safe drinking water from UNICEF during August

WASH

USAID/BHA and State/PRM support partners implementing critical WASH programs, including activities to provide access to safe drinking water, handwashing facilities, sanitation services, and solid waste disposal. Additional WASH programming includes interventions to help prevent cholera outbreaks among vulnerable populations and to mitigate the risk of GBV by providing safe access to latrines, sanitation services, and other WASH facilities. Additionally, USAID/BHA and State/PRM continue to support efforts by UN and NGO partners to respond to recent flooding throughout South Sudan by rehabilitating WASH infrastructure and providing WASH supplies to flood-affected populations. USAID/BHA also supports hygiene promotion activities through public health campaigns and the distribution of essential supplies, such as dignity and hygiene kits, soap, and water containers.



18

Number of USG partners implementing critical protection interventions

PROTECTION

USAID/BHA and State/PRM support multi-sector protection interventions that ensure the safety and dignity of vulnerable people in South Sudan. Protection activities include supporting GBV survivors with case management, child protection services, mobile emergency response teams, psychosocial support services, and referrals to health specialists, as well as assessments to integrate protection into multi-sector emergency response activities. State/PRM partners also provide protection services to conflict-affected communities, IDPs, and refugees countrywide, including family reunification services, GBV prevention and response programs, legal assistance, disability inclusion, and mental health and psychosocial support activities. USAID/BHA and State/PRM also support coordination and capacity-building among protection actors in South Sudan.



7,100

MT of humanitarian cargo transported by WFP-managed UNHAS with USG support

LOGISTICS

USAID/BHA and State/PRM provide countrywide support to the humanitarian response through WFP-managed UN Humanitarian Air Service (UNHAS) and the Logistics Cluster, the coordinating body for humanitarian logistics, comprising UN agencies, NGOs, and other stakeholders. UNHAS provides air transportation to relief actors throughout the country, while the Logistics Cluster provides coordination and information management services for humanitarian workers, delivery and common warehousing of essential relief commodities, and geographical information system mapping. Additionally, USG partner IOM supports humanitarian partner responses across South Sudan by procuring, storing, and transporting critical relief supplies, including emergency shelter and WASH commodities.



25,400

Children ages 6–59 months treated for SAM in September by USG partner UNICEF

NUTRITION

USAID/BHA supports partners to prevent and treat wasting—the deadliest form of malnutrition—across South Sudan. USAID/BHA supports NGOs, the UN Children’s Fund (UNICEF), and WFP to provide nutrition assistance—including specialized food products to treat wasting—to children and PLW countrywide. Additionally, State/PRM supports UNICEF’s nutrition efforts for refugee and refugee returnee populations fleeing Sudan. Using a community-based approach, USAID/BHA and State/PRM partners promote recommended infant and young child feeding practices through one-on-one counseling and group education to manage wasting.

CONTEXT IN BRIEF

- On October 5, 2023, U.S. Ambassador Michael J. Adler reissued a declaration of humanitarian need in South Sudan for FY 2024 due to ongoing insecurity, widespread population displacement, climatic and economic shocks, and the Sudan crisis, all of which have significantly exacerbated food insecurity and humanitarian needs.
- Fighting between Rapid Support Forces and Sudanese Armed Forces elements began on April 15, 2023, significantly escalating the humanitarian crisis in Sudan and generating widespread displacement to neighboring countries. In South Sudan, the arrival of refugees, returnees, and third-country nationals fleeing conflict in Sudan has exacerbated humanitarian needs among host communities with limited resources due to years of armed conflict, heightened food insecurity, and climatic shocks.
- After nearly seven years, USAID transitioned the South Sudan Disaster Assistance Response Team (DART) and Washington, D.C.-based Response Management Team (RMT) to a normalized response under USAID/BHA on November 6 and November 20, 2020, respectively. USAID/BHA remains committed to maintaining a robust humanitarian response in South Sudan, and USAID/BHA partners continue to carry out life-saving programs to meet the humanitarian needs of the South Sudanese people.
- On December 15, 2013, clashes erupted between factions within the Government of South Sudan—the country’s pre-2018 governing body—in the capital city of Juba and quickly spread into a protracted national conflict, generating displacement and exacerbating humanitarian needs. On December 20, 2013, USAID activated a DART to lead the USG response to the crisis in South Sudan and stood up an RMT to support the DART.
- The January 2005 signing of the Comprehensive Peace Agreement between the Government of Sudan and the southern-based Sudan People’s Liberation Army officially ended more than two decades of north–south conflict during which disease, famine, and fighting killed an estimated 2 million people and displaced at least 4.5 million others within Sudan. In July 2011, South Sudan became an independent state following a referendum earlier in the year.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed, often in the affected region; reduce the burden on scarce resources, such as transportation routes, staff time, and warehouse space; can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: cidi.org
 - Information on relief activities of the humanitarian community can be found at reliefweb.int.